

**PRIVACY ACT RELEASE FORM**  
**Passport Casework**

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski. If there are multiple travelers, please fill out a separate form for each individual. **Please note that due to the extremely high volume of applications, it is difficult for the State Department to check the status of applications that are more than one week away from the date of travel.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Please check the type of Passport applied for:

_____ Renewal	_____ First-ever Passport
_____ Expedited Service	_____ Emergency travel
_____ Minor Child	

When did you submit your passport application? \_\_\_\_\_

Where did you submit the application? \_\_\_\_\_

What is your planned travel date? \_\_\_\_\_

Have you contacted any other Congressional Office about this problem? \_\_\_\_\_

If so – Whom? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent must sign if applicant is a minor)

Mail or Fax to: Senator Barbara A. Mikulski  
1629 Thames St, Suite 400  
Baltimore, MD 21231  
Fax: 410-962-4760